

CITY OF LEOMINSTER
RETAIL SALES TOBACCO APPLICATION/PERMIT

Business Name: _____
Business Address: _____
Business Phone Number: _____
Applicant's Name: _____
Applicant's Social Security Number: _____
Applicant's Home Address: _____
Applicant's Home Phone Number: _____

PARTNERS OR CORPORATE OFFICERS:

<u>Name</u>	<u>Title</u>	<u>Address</u>
1. _____		
Phone #: _____	SSN: _____	
2. _____		
Phone #: _____	SSN: _____	
3. _____		
Phone #: _____	SSN: _____	
4. _____		
Phone #: _____	SSN: _____	

LIST ALL NAMES AND AGES OF SALES PERSONS AUTHORIZED TO SELL TOBACCO PRODUCTS:

Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____

PERMIT GRANTED:

Date Issued: _____
Date of Expiration: _____
Fee: \$50.00 _____
Date Inspected: _____
Violations Noted: _____

PLEASE FILL OUT FORM AND RETURN TO THE LEOMINSTER HEALTH DEPT WITH CHECK OR MONEY
ORDER MADE PAYABLE TO THE CITY OF LEOMINSTER